

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) INDEPENDENT VOICE FOR ILLINOIS PAC		FEC IDENTIFICATION NUMBER ▼ C C00572743	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee STRATEGIC MEDIA SERVICES, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2016	
Mailing Address 1911 N FT MYER DR STE 400		Amount 128160.00	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SE.4283
Purpose of Expenditure MEDIA PLACEMENT	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2016	
Name of Federal Candidate L TAMMY DUCKWORTH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought 927289.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	128160.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	128160.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JO MERLAU

[Electronically Filed]

Date

MM / DD / YYYY
08 / 19 / 2016

Signature